

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

Martha Roby for Congress

ADDRESS (number and street)

PO Box 195

Check if different
than previously
reported. (ACC)

Montgomery

AL

36101

CITY ▲

STATE ▲

ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER ▼**

C C00462143

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

STATE ▼ DISTRICT

AL

02

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y

in the
State of(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the
State of

5. Covering Period

M M / D D / Y Y Y Y
10 / 01 / 2020

through

M M / D D / Y Y Y Y
12 / 31 / 2020

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Slawson, Leah, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Slawson, Leah, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y
01 / 15 / 2021

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

Office
Use
Only**FEC FORM 3**
(Revised 05/2016)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 05/2016)

PAGE 2 / 20

Write or Type Committee Name

Martha Roby for Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	1		2	0	2	0

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	2	0

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	0.00	216535.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	67530.14
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	0.00	149004.86
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	46381.04	341014.39
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	1213.63
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	46381.04	339800.76
8. Cash on Hand at Close of Reporting Period (from Line 27).....	45212.24	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 07/05)

PAGE 3 / 20

- If the candidate participated in the general election, use this form for the 30-day Post-General report.
- If the candidate did NOT participate in the general election, use this form for the Year-end report covering through December 31 of the election year (due on January 31).

This form is used in lieu of filling out Line Numbers 6 through 7 on Page 2 (Summary Page) and Pages 3 and 4 (the Detailed Summary Page) for the last report filed by a candidate during the current election cycle.

Write or Type Committee Name

Martha Roby for Congress

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y
10		01		2020

To:

M M	/	D D	/	Y Y Y Y
12		31		2020

I. RECEIPTS**COLUMN A**
Total this Period**COLUMN B**
Election Cycle Total as of

M M	/	D D	/	Y Y Y Y
11		03		2020

(date of general election)

COLUMN C
Total for

M M	/	D D	/	Y Y Y Y
11		04		2020

(date after general election)

through

M M	/	D D	/	Y Y Y Y
12		31		2020

(last day of reporting period)

11. CONTRIBUTIONS

(other than loans) FROM:

- (a) Individuals/Persons Other than Political Committees
- (i) Itemized (use Schedule A)

0.00

53000.00

0.00

(ii) Unitemized

0.00

2035.00

0.00

(iii) Total of contributions from individuals

0.00

55035.00

0.00

(b) Political Party Committees

0.00

0.00

0.00

(c) Other Political Committees

0.00

161500.00

0.00

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 4 / 20

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
(d) The Candidate		
0.00	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d))		
0.00	216535.00	0.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
0.00	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate		
0.00	0.00	0.00
(b) All Other Loans		
0.00	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))		
0.00	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, rebates, etc.)		
0.00	1213.63	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)		
0.00	8400.00	0.00
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)		
0.00	226148.63	0.00

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 5 / 20

Write or Type Committee Name

Martha Roby for Congress

Report Covering the Period:

From:

MM / DD / YYYY
10 / 01 / 2020

To:

MM / DD / YYYY
12 / 31 / 2020

II. DISBURSEMENTS

COLUMN A
Total this PeriodCOLUMN B
Election Cycle Total as of *
(date of general election)
(* See page 5 for date)COLUMN C
Total for * (date after general election)
through * (last day of reporting period)
(* See page 5 for dates)

17. OPERATING EXPENDITURES

46381.04

341014.39

41008.50

18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES

0.00

0.00

0.00

19. LOAN REPAYMENTS:

(a) Of Loans Made or Guaranteed by the Candidate

0.00

0.00

0.00

(b) Of All Other Loans

0.00

0.00

0.00

(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b))

0.00

0.00

0.00

20. REFUNDS OF CONTRIBUTIONS TO:

(a) Individuals/Persons Other Than Political Committees

0.00

54914.76

0.00

(b) Political Party Committees

0.00

0.00

0.00

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 6 / 20

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
---	---	--

(c) Other Political Committees (such as PACs)

0.00

12615.38

0.00

(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b) and (c))

0.00

67530.14

0.00

21. OTHER DISBURSEMENTS

15000.00

124504.86

8000.00

22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d) and 21)

61381.04

533049.39

49008.50

III. NET CONTRIBUTIONS (OTHER THAN LOANS)

(Note: Substitute in lieu of Line #6 of Summary Page for this report only; subtract Line 20(d) from Line 11(e))

0.00

149004.86

0.00

IV. NET OPERATING EXPENDITURES

(Note: Substitute in lieu of Line #7 of Summary Page for this report only; subtract Line 14 from Line 17)

46381.04

339800.76

41008.50

V. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....

106593.28

24. TOTAL RECEIPTS THIS PERIOD (from Line 16).....

0.00

25. SUBTOTAL (add Line 23 and Line 24).....

106593.28

26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....

61381.04

27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)

45212.24

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 7 OF 20

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Martha Roby for Congress

Full Name (Last, First, Middle Initial)

A. ADP

Mailing Address 2735 N STEMMONS FWY

City
DALLASState
TXZip Code
75207-2211Purpose of Disbursement
PAYROLL EXPENSE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		02		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

88.61

Transaction ID : SB17.I5692

☐ Memo Item**B. ADP**

Full Name (Last, First, Middle Initial)

Mailing Address 2735 N STEMMONS FWY

City
DALLASState
TXZip Code
75207-2211Purpose of Disbursement
PAYROLL EXPENSE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		23		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

14.00

Transaction ID : SB17.I5693

☐ Memo Item**C. ADP**

Full Name (Last, First, Middle Initial)

Mailing Address 2735 N STEMMONS FWY

City
DALLASState
TXZip Code
75207-2211Purpose of Disbursement
PAYROLL EXPENSE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		20		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

14.00

Transaction ID : SB17.I5698

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

116.61

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 8 OF 20

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Martha Roby for Congress

Full Name (Last, First, Middle Initial)

A. CAPITOL HILL CLUB

Mailing Address 300 1ST ST SE

City
WASHINGTONState
DCZip Code
20003-1801Purpose of Disbursement
MEETING EXPENSES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		10		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

543.73

Transaction ID : SB17.I5678

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CAPITOL HILL CLUB

Mailing Address 300 1ST ST SE

City
WASHINGTONState
DCZip Code
20003-1801Purpose of Disbursement
MEETING EXPENSE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		07		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

79.00

Transaction ID : SB17.I5688

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CAPITOL HILL CLUB

Mailing Address 300 1ST ST SE

City
WASHINGTONState
DCZip Code
20003-1801Purpose of Disbursement
MEMBERSHIP DUES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		31		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

25000.00

Transaction ID : SB17.I5712

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

25622.73

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 9 OF 20

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Martha Roby for Congress

Full Name (Last, First, Middle Initial)

A. CMDI

Mailing Address 1593 SPRING HILL RD STE 400

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		08		2020

City
TYSONS CORNERState
VAZip Code
22182Purpose of Disbursement
SOFTWARE

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

300.00

Transaction ID : SB17.I5713

☐ Memo Item**B. I360**

Full Name (Last, First, Middle Initial)

Mailing Address 29374 NETWORK PLACE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		03		2020

City
CHICAGOState
ILZip Code
60673-3046Purpose of Disbursement
SOFTWARE

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

150.00

Transaction ID : SB17.I5677

☐ Memo Item**c. I360**

Full Name (Last, First, Middle Initial)

Mailing Address 29374 NETWORK PLACE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		10		2020

City
CHICAGOState
ILZip Code
60673-3046Purpose of Disbursement
SOFTWARE

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

150.00

Transaction ID : SB17.I5679

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

600.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 OF 20

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Martha Roby for Congress

Full Name (Last, First, Middle Initial)

A. I360

Mailing Address 29374 NETWORK PLACE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		07		2020

City
CHICAGOState
ILZip Code
60673-3046Purpose of Disbursement
SOFTWARE

FEC Identification Number

C

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

150.00

Transaction ID : SB17.I5689

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B. I360

Mailing Address 29374 NETWORK PLACE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		15		2020

City
CHICAGOState
ILZip Code
60673-3046Purpose of Disbursement
SOFTWARE

FEC Identification Number

C

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

150.00

Transaction ID : SB17.I5699

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C. PROFESSIONAL DATA SERVICES, INC.

Mailing Address 824 S MILLEDGE AVE STE 101

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		03		2020

City
ATHENSState
GAZip Code
30605-1332Purpose of Disbursement
COMPLIANCE SERVICES

FEC Identification Number

C

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

2030.15

Transaction ID : SB17.I5676

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional).....▶

2330.15

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 11 OF 20

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

Martha Roby for Congress

Full Name (Last, First, Middle Initial)

A. PROFESSIONAL DATA SERVICES, INC.

Mailing Address 824 S MILLEDGE AVE STE 101

City
ATHENSState
GAZip Code
30605-1332Purpose of Disbursement
COMPLIANCE SERVICES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		28		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

2020.50

Transaction ID : SB17.I5683

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. PROFESSIONAL DATA SERVICES, INC.

Mailing Address 824 S MILLEDGE AVE STE 101

City
ATHENSState
GAZip Code
30605-1332Purpose of Disbursement
COMPLIANCE SERVICES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		28		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

2023.55

Transaction ID : SB17.I5694

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. PROFESSIONAL DATA SERVICES, INC.

Mailing Address 824 S MILLEDGE AVE STE 101

City
ATHENSState
GAZip Code
30605-1332Purpose of Disbursement
COMPLIANCE SERVICES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		22		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

2021.50

Transaction ID : SB17.I5700

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

6065.55

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 12 OF 20

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Martha Roby for Congress

Full Name (Last, First, Middle Initial)

A. SERVISFIRST BANK

Mailing Address 1 COMMERCE ST

City
MONTGOMERYState
ALZip Code
36104-3510Purpose of Disbursement
SEE MEMO ENTRIES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		30		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

375.55

Transaction ID : SB17.I5684

☐ Memo Item**B. EXTRA SPACE**

Mailing Address 6010 MONTICELLO DR

City
MONTGOMERYState
ALZip Code
36117Purpose of Disbursement
STORAGE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		30		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

161.00

Transaction ID : SB17.I5686

☒ Memo Item**C. VERIZON WIRELESS**

Mailing Address 133 CALKINS RD

City
ROCHESTERState
NYZip Code
14623-4207Purpose of Disbursement
WIRELESS SERVICE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		30		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

163.31

Transaction ID : SB17.I5685

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

375.55

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 13 OF 20

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

Martha Roby for Congress

Full Name (Last, First, Middle Initial)

A. WOW! BUSINESS SERVICES

Mailing Address PO BOX 70999

City
CHARLOTTEState
NCZip Code
28272-0999Purpose of Disbursement
SOFTWARE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
10	30	2020

FEC Identification Number

C

Amount of Each Disbursement this Period

51.24

Transaction ID : SB17.I5687

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. SERVISFIRST BANK

Mailing Address 1 COMMERCE ST

City
MONTGOMERYState
ALZip Code
36104-3510Purpose of Disbursement
SEE MEMO

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
11	30	2020

FEC Identification Number

C

Amount of Each Disbursement this Period

351.76

Transaction ID : SB17.I5695

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. EXTRA SPACE

Mailing Address 6010 MONTICELLO DR

City
MONTGOMERYState
ALZip Code
36117Purpose of Disbursement
STORAGE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
11	30	2020

FEC Identification Number

C

Amount of Each Disbursement this Period

161.00

Transaction ID : SB17.I5697

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

351.76

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 14 OF 20

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Martha Roby for Congress

Full Name (Last, First, Middle Initial)

A. VERIZON WIRELESS

Mailing Address 133 CALKINS RD

City
ROCHESTERState
NYZip Code
14623-4207Purpose of Disbursement
WIRELESS SERVICE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		30		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

163.35

Transaction ID : SB17.I5696

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. SERVISFIRST BANK

Mailing Address 1 COMMERCE ST

City
MONTGOMERYState
ALZip Code
36104-3510Purpose of Disbursement
SEE MEMO

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		30		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

10875.15

Transaction ID : SB17.I5701

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. BULLFEATHERS

Mailing Address 410 FIRST ST SE

City
WASHINGTONState
DCZip Code
20003-1819Purpose of Disbursement
EVENT CATERING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		30		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

9109.44

Transaction ID : SB17.I5709

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

10875.15

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 15 OF 20

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

Martha Roby for Congress

Full Name (Last, First, Middle Initial)

A. CHAPPY'S DELI

Mailing Address 8141 VAUGHN ROAD

City
MONTGOMERYState
ALZip Code
36116Purpose of Disbursement
EVENT CATERING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
12	30	2020

FEC Identification Number

C

Amount of Each Disbursement this Period

242.63

Transaction ID : SB17.I5702

☒ Memo Item**B. DELTA AIRLINES, INC.**

Mailing Address PO BOX 20706

City
ATLANTAState
GAZip Code
30320-6001Purpose of Disbursement
TRAVEL EXPENSE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
12	30	2020

FEC Identification Number

C

Amount of Each Disbursement this Period

529.20

Transaction ID : SB17.I5706

☒ Memo Item**C. EXTRA SPACE**

Mailing Address 6010 MONTICELLO DR

City
MONTGOMERYState
ALZip Code
36117Purpose of Disbursement
STORAGE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
12	30	2020

FEC Identification Number

C

Amount of Each Disbursement this Period

161.00

Transaction ID : SB17.I5705

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

0.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 16 OF 20

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Martha Roby for Congress

Full Name (Last, First, Middle Initial)

A. FOUNDING FARMERS

Mailing Address 1924 PENNSYLVANIA AVE NW

City
WASHINGTONState
DCZip Code
20006Purpose of Disbursement
EVENT CATERING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		30		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

267.41

Transaction ID : SB17.I5707

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. THE CAPITAL GRILLE

Mailing Address 601 PENNSYLVANIA AVE NW

City
WASHINGTONState
DCZip Code
20004-2601Purpose of Disbursement
EVENT CATERING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		30		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

261.70

Transaction ID : SB17.I5708

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. VERIZON WIRELESS

Mailing Address 133 CALKINS RD

City
ROCHESTERState
NYZip Code
14623-4207Purpose of Disbursement
WIRELESS SERVICE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		30		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

163.55

Transaction ID : SB17.I5703

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

0.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 17 OF 20

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Martha Roby for Congress

Full Name (Last, First, Middle Initial)

A. WOW! BUSINESS SERVICES

Mailing Address PO BOX 70999

City
CHARLOTTEState
NCZip Code
28272-0999Purpose of Disbursement
SOFTWARE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		30		2020

FEC Identification Number

C

Amount of Each Disbursement this Period

17.43

Transaction ID : SB17.I5704

☒ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

0.00

TOTAL This Period (last page this line number only).....▶

46337.50

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 18 OF 20

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Martha Roby for Congress

Full Name (Last, First, Middle Initial)

A. ANN WAGNER FOR CONGRESS

Mailing Address PO BOX 50

Date of Disbursement

M M	D D	Y Y Y Y
12	31	2020

City
BALLWINState
MOZip Code
63022-0050

FEC Identification Number

C C00495846

Purpose of Disbursement
CONTRIBUTION

Candidate Name

WAGNER, ANN, L., ,

Category/
Type

Amount of Each Disbursement this Period

2000.00

Transaction ID : SB21.I5710

☐ Memo Item

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State: MO

District: 02

Full Name (Last, First, Middle Initial)

B. COLLINS FOR SENATE, INC.

Mailing Address PO BOX 1295

Date of Disbursement

M M	D D	Y Y Y Y
10	28	2020

City
GAINESVILLEState
GAZip Code
30503

FEC Identification Number

C C00736983

Purpose of Disbursement
CONTRIBUTION

Candidate Name

COLLINS, DOUGLAS, ALLEN, ,

Category/
Type

Amount of Each Disbursement this Period

1000.00

Transaction ID : SB21.I5682

☐ Memo Item

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2020

☐ Primary ☐ General
☒ Other (specify) ▼ SPECIAL GENERAL

State: GA

District:

Full Name (Last, First, Middle Initial)

C. GEORGIANS FOR KELLY LOEFFLER

Mailing Address PO BOX 20036

Date of Disbursement

M M	D D	Y Y Y Y
11	12	2020

City
ATLANTAState
GAZip Code
30325

FEC Identification Number

C C00729608

Purpose of Disbursement
CONTRIBUTION

Candidate Name

LOEFFLER, KELLY, , ,

Category/
Type

Amount of Each Disbursement this Period

2000.00

Transaction ID : SB21.I5691

☐ Memo Item

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2020

☐ Primary ☐ General
☒ Other (specify) ▼ SPECIAL RUNOFF

State: GA

District:

SUBTOTAL of Disbursements This Page (optional).....▶

5000.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 19 OF 20

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Martha Roby for Congress

Full Name (Last, First, Middle Initial)

A. JEFF FORTENBERRY FOR UNITED STATES CONGRESS

Mailing Address PO BOX 30265

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		31		2020

City
LINCOLNState
NEZip Code
68503

FEC Identification Number

C C00395467

Purpose of Disbursement
CONTRIBUTION

Candidate Name

FORTENBERRY, JEFFREY, L., HONORABLE,

Category/
Type

Amount of Each Disbursement this Period

2000.00

Transaction ID : SB21.I5711

☐ Memo Item

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State: NE District: 01

Full Name (Last, First, Middle Initial)

B. PERDUE FOR SENATE

Mailing Address PO BOX 12077

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		12		2020

City
ATLANTAState
GAZip Code
30355-2077

FEC Identification Number

C C00547570

Purpose of Disbursement
CONTRIBUTION

Candidate Name

PERDUE, DAVID, , ,

Category/
Type

Amount of Each Disbursement this Period

2000.00

Transaction ID : SB21.I5690

☐ Memo Item

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2020

☐ Primary ☐ General
☒ Other (specify) ▼ RUNOFF

State: GA District:

Full Name (Last, First, Middle Initial)

C. YOUNG FOR IOWA, INC.

Mailing Address PO BOX 162

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		18		2020

City
VAN METERState
IAZip Code
50261

FEC Identification Number

C C00545616

Purpose of Disbursement
CONTRIBUTION

Candidate Name

YOUNG, DAVID, , ,

Category/
Type

Amount of Each Disbursement this Period

1000.00

Transaction ID : SB21.I5680

☐ Memo Item

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State: IA District: 03

SUBTOTAL of Disbursements This Page (optional).....▶

5000.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 20 OF 20

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Martha Roby for Congress

Full Name (Last, First, Middle Initial)

A. MAGGIE'S LIST

Mailing Address 6675 WEEPING WILLOW WAY

Date of Disbursement

M M	D D	Y Y Y Y
10	18	2020

City
TALLAHASSEEState
FLZip Code
32311

FEC Identification Number

C C00469023

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

5000.00

Transaction ID : SB21.I5681

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B.

Mailing Address

Date of Disbursement

M M	D D	Y Y Y Y

City

State

Zip Code

FEC Identification Number

C

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C.

Mailing Address

Date of Disbursement

M M	D D	Y Y Y Y

City

State

Zip Code

FEC Identification Number

C

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional).....▶

5000.00

TOTAL This Period (last page this line number only).....▶

15000.00